FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
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DOCUMENT # P93000047060

1. Corporation Name

LAB SERVICES INC.

Principal Place of Business
860 W 84 St.
Hialeah, Fl 33014

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/06/93	3a. Date of Last Report
4. FEI Number: 65-0429706	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

IMBERT, SOCRATES
2303 Hollywood Blvd.
Hollywood, Fl 33020

10. Name and Address of New Registered Agent

81 Name: Alvaro Caicedo
82 Street Address (P.O. Box Number is Not Acceptable)
83 629 Pinecrest Dr.
84 City: Miamisprings, FL 85 Zip Code: 33166

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [signature] 5-30-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVD	11 TITLE	PVD	☒ Change ☐ Addition
NAME	Imbert, Socrates	12 NAME	Alvaro Caicedo	
STREET ADDRESS	2303 Hollywood Blvd	13 STREET ADDRESS	629 Pinecrest Dr.	
CITY, ST, ZIP	Hollywood, Fl 33020	14 CITY, ST, ZIP	Miamisprings, Fl 33136	
TITLE		21 TITLE	STD	☐ Change ☒ Addition
NAME		22 NAME	Angela Cano	
STREET ADDRESS		23 STREET ADDRESS	9581 Fountainebleu Blvd #507	
CITY, ST, ZIP		24 CITY, ST, ZIP	Miami, Fl 33172	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY, ST, ZIP		34 CITY, ST, ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME	100001547641	
STREET ADDRESS		43 STREET ADDRESS	-07/27/95--01056--003	
CITY, ST, ZIP		44 CITY, ST, ZIP	****200.00 ****200.00	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY, ST, ZIP		54 CITY, ST, ZIP	REMITTED BY MAY 1	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY, ST, ZIP		64 CITY, ST, ZIP	RC	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Socrates Imbert — 4/19/95 — 305-827-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #